ELECTRICAL CONTRACTOR EXAMINATION

IMPORTANT INFORMATION

PLEASE READ THIS INFORMATION THOROUGHLY

The examination is 40 multiple-choice questions, with a 1-1/2-hour time limit, and requires a score of 75% or above to pass. The examination covers information from: Public Act 217, Public Act 230, Public Act 497, Michigan Electrical Code Rules Part 8, and the Electrical Administrative Board General Rules.

The bureau will supply the above referenced material at the examination. You will not be allowed to bring in your own. However, if you wish to preview the material you can download them from the Internet using the information provided below.

GO TO: www.michigan.gov/bccfs

CHOOSE: FORMS

SCROLL DOWN TO THE ELECTRICAL DIVISION:

UNDER RELATED ACTS AND RULES YOU SHOULD PRINT:

Act 217 of 1956 Act 230 of 1972

Act 497 of 1980 – Construction Lien Fund

Electrical Administrative Board General Rules

Electrical Code Rules (Michigan Part 8)

Examination results are sent to you approximately 30 days after the examination. DO NOT CALL FOR RESULTS, THEY CANNOT BE GIVEN OVER THE TELEPHONE, AND WILL ONLY SLOW DOWN THE PROCESS.

If you receive an admission card and are unable to attend the examination and would like to be transferred to another test date: Return the admission card with a cover letter indicating another date/location either prior to the exam or within 10 days after the examination. **IF NOT SENT BY 10 DAYS AFTER THE EXAMINATION THE \$25 FEE WILL BE FORFEITED.**

If you pass the examination, an application for licensure and information packet will be sent with your results.

If you fail the examination an application will be sent for you to reapply.

GENERAL INFORMATION

Contractor licenses are issued in 3-year cycles, everyone is on the **same** 3-year cycle, therefore, the fee is prorated depending on which year of the cycle we are in.

The fee for an Electrical and Fire Alarm Contractor license is \$200.00 for the full 3-years, \$134.00 in the 2^{nd} year of licensing, and \$67.00 in the 3^{rd} year.

The fee for a Sign Specialty Contractor license is \$120.00 for the full 3-years, \$80.00 in the 2^{nd} year of licensing, and \$40.00 in the 3^{rd} year.

For Electrical and Fire Alarm Contractors there is also a mandatory construction lien payment of \$50.00, information regarding this will be sent with your packet.

Application for Electrical/Fire Alarm/Sign Contractor Examination

Michigan Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Electrical Division P.O. Box 30255 Lansing, MI 48909 517/241-9320

Examination Fee: \$25.00

Authority:	1956 PA 217
Completion:	Necessary For Examination Consideration
Penalty:	Application Cancelled & Fee Forfeited

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Instructions:

- Complete and sign original application. Type or print in ink.
- Application must be submitted to the department no later than 20 working days before the date of the examination.
- Enclose a check or money order payable to the State of Michigan.

any statement is cause for rejection of application or revocation of license, if issued.

Mail completed application and fee to the address above.

Electrical Contractor	Electrical Contractor Fire Alarm Contractor		Sign Contractor	
Applicant Information			_	
NAME (LAST, FIRST, MIDDLE)		SOCIAL SECURITY NUMBER	DATE OF BIRTH	
HOME ADDRESS		COUNTY	TOWNSHIP	
CITY	STATE	ZIP CODE	HOME TELEPHONE NUMBER	
Current Status	'			
Have you previously applied to	take the Michigan electrical/fire alarm/s	sign contractor examination?	Yes	No
Are you licensed as an electrical	al/fire alarm/sign contractor in another s	state or country?	Yes	No
Contractor License No.				
City/State				
Examination Sites				
Examinations" for examination examination month. If approve	dates. Please check below the site your distribution of the site you distribute the site of the site o	ou wish to be examined at and will be mailed to you approxim	d indicate a pre nately 10 days p	ference o
Preferred Site. Preferred Site.	e <u>Preferred Month</u>			
Lansin	g Area			
Escana	aba			
No Pre	ference - Next Available Examination S	Site and Date		
	e an accommodation to take the examinati chologist, psychiatrist) to certify that your o			
Certification and Signature				
	ovided is true and accurate to the bes	t of my ability. I further under	rstand that fals	ification c

DATE

APPLICANT'S SIGNATURE